

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003346

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary, Registration District No.

1003

Registrar's No.

1177

STATE FILE NUMBER

VS 300
Rev. 4/59

1

2 2/2

3

4 0

5 3

6

7 0

8 1

9

10

11

12 74-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

38 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. John's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5522 Delmar Blvd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

EDWARD

Middle

S.

Last

COLEMAN

4. DATE OF DEATH

Month

Day

Year

Feb. 3, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

4/13/1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

R.E. Broker - retired

10b. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (City and state or country)

Steelville, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edward S. Coleman

13b. MOTHER'S MAIDEN NAME

Mary Frances Payne

14. NAME OF HUSBAND OR WIFE

Loretta Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date)

no

16. SOCIAL SECURITY NO.

458

17. INFORMANT

Address

Mrs. Sametta House, 5522 Delmar Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart dis.

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

no no no.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-26-63

to 2-3-63

and last saw him alive on 2-3-63

Death occurred at 1:45 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do free or title)

John J. Hammond M.D.

22b. ADDRESS

634 N. Grand.

22c. DATE SIGNED

2/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

2/5/63

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Mem. Gardens

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.

FEB 4 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Dr. John J. Hammond
Mo. Theatre Building
1-5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Homer W. Fritz

Licensed Embalmer No.

3882

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.